

# WISAC 2000 Conference Registration Form



**Attendee Information:** (please type or print carefully)

Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

Email: \_\_\_\_\_

**Payment Information:**

- Registration Fee: ..... \$250
- Late Registration Surcharge ..... \$25

**Total Paid/Charged** ..... \_\_\_\_\_

**Payment Method:**

- ..... **Check.**
  - Payable to: "The Aerospace Corporation".
  - Indicate "WISAC 00" on the check.
- ..... **Cash**, payable onsite
- ..... **Credit Card.** Please provide the following information:
  - VISA                       Master Card                       American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

**Special Requests:**

- I do not plan to attend the conference reception
  - I do not want my registration information published in the attendee's list
  - I require special meals, as indicated:
- \_\_\_\_\_

**Please mail or fax the completed form to:**

WISAC Conference Registration  
 c/o Lornett Hill  
 The Aerospace Corporation MS M1/055  
 P. O. Box 92957  
 Los Angeles CA 90009-2957

FAX: (310) 336-2231  
 Email: [hill@aero.org](mailto:hill@aero.org)